

**VICTIMS' RIGHTS
INVOCATION FORM**

I, _____
_____,

wish to INVOKE my rights as a victim of crime
relative to the Constitution of Alabama, 1901
(ratified January 6, 1995).

Please contact me at the address or telephone
number below. I understand that if I move, I
must forward that information to you.

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone # _____

Work (____) _____

Home (____) _____

Relative or Neighbor's Name and Telephone:

Defendant Name _____

Case # _____

Mail this form to the agencies to whom you
request notice. See back for instructions.

Simply fill out the form on the reverse side with your name and address. Use the enclosed stamped envelope, and mail to the agency from whom you seek notification. For mailing addresses of the agencies please refer to your local telephone directory, or you may call the Alabama Crime Victims Compensation Commission at (334) 242-4007 or (Toll Free) 1-800-541-9388, or you may call your local District Attorney for assistance.